

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF PENNSYLVANIA

In re BRUCE J. CRISCUOLO

Case No. 14-16946

Reporting Period: _____

MONTHLY OPERATING REPORT

File with Court and submit copy to United States Trustee within 20 days after end of month.

Submit copy of report to any official committee appointed in the case.

REQUIRED DOCUMENTS	Form-No.	Document Attached	Explanation Attached	Affidavit/Supplement Attached
Schedule of Cash Receipts and Disbursements	MOR-1			
Bank Reconciliation (or copies of debtor's bank reconciliations)	MOR-1a			
Schedule of Professional Fees Paid	MOR-1b			
Copies of bank statements				
Cash disbursements journals				
Statement of Operations	MOR-2			
Balance Sheet	MOR-3			
Status of Postpetition Taxes	MOR-4			
Copies of IRS Form 6123 or payment receipt				
Copies of tax returns filed during reporting period				
Summary of Unpaid Postpetition Debts	MOR-4			
Listing of aged accounts payable	MOR-4			
Accounts Receivable Reconciliation and Aging	MOR-5			
Debtor Questionnaire	MOR-5			

I declare under penalty of perjury (28 U.S.C. Section 1746) that this report and the attached documents are true and correct to the best of my knowledge and belief.

 Bruce Criscuolo
Signature of Debtor

Date

Date

Date

Date

Signature of Authorized Individual*

Title of Authorized Individual

Printed Name of Authorized Individual

*Authorized individual must be an officer, director or shareholder if debtor is a corporation; a partner if debtor is a partnership; a manager or member if debtor is a limited liability company.

Bruce Criscuolo
DIP Case 14-16946
4960 Curly Horse Drive
Center Valley Pa, 18034

Statement Period January 6th - February 5th, 2017

Income			Notes
1/13/2017	\$3,672.13		
1/31/2017	\$3,671.75		

Expenses			
Mortgage		\$3,385.30	
Taxes		\$1,200.00	
Household electric, gas, trash, water...		\$129.59	
Food		\$59.55	
Auto Payment		\$1,270.71	
Travel gas, car maintenance , parking...		\$551.20	
School Loan		\$98.00	
Entertainment			
Other		\$77.51	

Total Income	\$7,343.88	
Total Expenses		\$6,771.86

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Statement Period: Jan 06 2017-Feb 05 2017

Cust Ref #: 4335580802-039-T-###

Primary Account #: 433-5580802

BRUCE J CRISCUOLO
 DIP CASE 14-16946 EDPA
 4960 CURLY HORSE DR
 CENTER VALLEY PA 18034-0000

Chapter 11 Checking

BRUCE J CRISCUOLO
 DIP CASE 14-16946 EDPA

Account # 433-5580802

ACCOUNT SUMMARY

Beginning Balance	18,506.27	Average Collected Balance	17,770.59
Electronic Deposits	7,343.88	Annual Percentage Yield Earned	0.00%
Checks Paid	5,954.01	Days in Period	31
Electronic Payments	793.99		
Ending Balance	19,102.15		

DAILY ACCOUNT ACTIVITY

Electronic Deposits

POSTING DATE	DESCRIPTION	AMOUNT
1/13	ACH DEPOSIT, PRIMEPOINT LLC PAYROLL EPAMIN200423	
1/31	ACH DEPOSIT, PRIMEPOINT LLC PAYROLL EPAMIN200423	
		Subtotal: 7,343.88

Checks Paid

DATE	No. Checks: 6	*Indicates break in serial sequence or check processed electronically and listed under Electronic Payments		
	SERIAL NO.	AMOUNT	DATE	SERIAL NO.
1/6	105	1,692.65 mortgage	2/2	111*
1/6	106	1,692.65 mortgage	1/30	113*
1/30	109*	643.36 car	1/9	120*
				Subtotal: 5,954.01

Electronic Payments

POSTING DATE	DESCRIPTION	AMOUNT
1/9	DEBIT CARD PURCHASE, ****45165779329, AUT 010517 VISA DDA PUR CONSHOHOCKEN FUELS CONSHOHOCKEN * PA	51.60
1/11	DEBIT CARD PURCHASE, ****45165779329, AUT 010917 VISA DDA PUR SUNOCO 0670770700 CENTER VALLEY * PA	35.68
1/11	DEBIT POS, ****45165779329, AUT 011017 DDA PURCHASE TURKEY HI 2855 LEHIGH ALLENTOWN * PA	13.27
1/12	DEBIT POS, ****45165779329, AUT 011217 DDA PURCHASE SUNOCO 06707707 CENTER VALLEY * PA	56.37
1/12	DEBIT CARD PURCHASE, ****45165779329, AUT 011117 VISA DDA PUR DNH MEDIA TEMPLE INC 877 5784000 * CA	17.00
1/17	DEBIT CARD PURCHASE, ****45165779329, AUT 011317 VISA DDA PUR PTC EZ PASS AUTO RE 877 736 6727 * PA	70.00
1/17	DEBIT CARD PURCHASE, ****45165779329, AUT 011317 VISA DDA PUR GIOVANNIS PIZZA QUAKERTOWN * PA	51.66
1/17	DEBIT CARD PURCHASE, ****45165779329, AUT 011617 VISA DDA PUR WAWA 8021 00080218 QUAKERTOWN * PA	50.90
1/18	DEBIT CARD PURCHASE, ****45165779329, AUT 011717 VISA DDA PUR GREEN AND SEIDNER FAMILY LANSDALE * PA	20.00 health

Call 1-800-937-2000 for 24-hour Bank-by-Phone services or connect to www.tdbank.com

Bank Deposits FDIC Insured | TD Bank, N.A. | Equal Housing Lender

Begin by adjusting your account register as follows:

- Subtract any services charges shown on this statement.
- Subtract any automatic payments, transfers or other electronic withdrawals not previously recorded.
- Add any interest earned if you have an interest-bearing account.
- Add any automatic deposit or overdraft line of credit.
- Review all withdrawals shown on this statement and check them off in your account register.
- Follow instructions 2-5 to verify your ending account balance.

1. Your ending balance shown on this statement is:
2. List below the amount of deposits or credit transfers which do not appear on this statement. Total the deposits and enter on Line 2.
3. Subtotal by adding lines 1 and 2.
4. List below the total amount of withdrawals that do not appear on this statement. Total the withdrawals and enter on Line 4.
5. Subtract Line 4 from 3. This adjusted balance should equal your account balance.

Ending Balance	19,102.15
Total Deposits	+
Sub Total	
Total Withdrawals	-
Adjusted Balance	

FOR CONSUMER ACCOUNTS ONLY — IN CASE OF ERRORS OR
QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:

If you need information about an electronic fund transfer or if you believe there is an error on your bank statement or receipt relating to an electronic fund transfer, telephone the bank immediately at the phone number listed on the front of your statement or write to:

TD Bank, N.A., Deposit Operations Dept, P.O. Box 1377, Lewiston, Maine 04243-1377

We must hear from you no later than sixty (60) calendar days after we sent you the first statement upon which the error or problem first appeared. When contacting the Bank, please explain as clearly as you can why you believe there is an error or why more information is needed. Please include:

- Your name and account number.
- A description of the error or transaction you are unsure about.
- The dollar amount and date of the suspected error.

When making a verbal inquiry, the Bank may ask that you send us your complaint in writing within ten (10) business days after the first telephone call.

We will investigate your complaint and will correct any error promptly. If we take more than ten (10) business days to do this, we will credit your account for the amount you think is in error, so that you have the use of the money during the time it takes to complete our investigation.

INTEREST NOTICE

Total interest credited by the Bank to you this year will be reported by the Bank to the Internal Revenue Service and State tax authorities. The amount to be reported will be reported separately to you by the Bank.

**FOR CONSUMER LOAN ACCOUNTS ONLY — BILLING RIGHTS
SUMMARY**

In case of Errors or Questions About Your Bill:

If you think your bill is wrong, or if you need more information about a transaction on your bill, write us at P.O. Box 1377, Lewiston, Maine 04243-1377 as soon as possible. We must hear from you no later than sixty (60) days after we sent you the FIRST bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights. In your letter, give us the following information:

- Your name and account number..
- The dollar amount of the suspected error.
- Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

FINANCE CHARGES: Although the Bank uses the Daily Balance method to calculate the finance charge on your Moneyline/Overdraft Protection account (the term "ODP" or "OD" refers to Overdraft Protection), the Bank discloses the Average Daily Balance on the periodic statement as an easier method for you to calculate the finance charge. The finance charge begins to accrue on the date advances and other debits are posted to your account and will continue until the balance has been paid in full. To compute the finance charge, multiply the Average Daily Balance times the Days in Period times the Daily Periodic Rate (as listed in the Account Summary section on the front of the statement). The Average Daily Balance is calculated by adding the balance for each day of the billing cycle, then dividing the total balance by the number of Days in the Billing Cycle. The daily balance is the balance for the day after advances have been added and payments or credits have been subtracted plus or minus any other adjustments that might have occurred that day. There is no grace period during which no finance charge accrues. Finance charge adjustments are included in your total finance charge.

STATEMENT OF ACCOUNT

BRUCE J CRISCUOLO
 DIP CASE 14-16946 EDPA

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 Statement Period: Jan 06 2017-Feb 05 2017
 Cust Ref #: 4335580802-039-T-###
 Primary Account #: 433-5580802

DAILY ACCOUNT ACTIVITY

Electronic Payments (continued)

POSTING DATE	DESCRIPTION	AMOUNT
1/19	DEBIT CARD PURCHASE, ****45165779329, AUT 011917 VISA DDA PUR PILOT CLINTON * NJ	48.39
1/19	DEBIT CARD PAYMENT, ****45165779329, AUT 011817 VISA DDA PUR	
1/26	SPOTIFY USA 646 8375380 * NY	10.59
	DEBIT CARD PURCHASE, ****45165779329, AUT 012417 VISA DDA PUR	
	SUNOCO 0670770700 CENTER VALLEY * PA	55.81
1/27	DEBIT POS, ****45165779329, AUT 012617 DDA PURCHASE CVS PHARM 01093 7001 COOPERSBURG * PA	3.65 <i>heub</i>
1/30	DEBIT CARD PURCHASE, ****45165779329, AUT 012717 VISA DDA PUR	
	CONSHOHOCKEN FUELS CONSHOHOCKEN * PA	53.62
1/31	DEBIT CARD PURCHASE, ****45165779329, AUT 013017 VISA DDA PUR CHILDRENS HEALTHCARE ALLENTOWN * PA	
2/1	NONTD ATM DEBIT, ****45165779329, AUT 020117 DDA WITHDRAW CT VCOM CONSHOHOCKEN * PA	102.00
2/2	DEBIT CARD PURCHASE, ****45165779329, AUT 013117 VISA DDA PUR	
	SUNOCO 0368304201 SECAUCUS * NJ	45.56
2/2	DEBIT CARD PURCHASE, ****45165779329, AUT 013117 VISA DDA PUR	
	FOOD COURT NJ 10875706 SECAUCUS * NJ	7.89
2/3	DEBIT CARD PURCHASE, ****45165779329, AUT 020217 VISA DDA PUR PTC EZ PASS AUTO RE 877 736 6727 * PA	70.00

DAILY BALANCE SUMMARY

DATE	BALANCE	DATE	BALANCE
1/5	18,506.27	1/19	18,269.64
1/6	15,120.97	1/26	18,213.83
1/9	14,971.37	1/27	18,210.18
1/11	14,922.42	1/30	16,885.85
1/12	14,849.05	1/31	20,527.60
1/13	18,521.18	2/1	20,425.60
1/17	18,348.62	2/2	19,172.15
1/18	18,328.62	2/3	19,102.15